

**REVOCATION OF POWER OF ATTORNEY
WITH NEW POWER OF ATTORNEY
AND
CHANGE OF CORRESPONDENCE
ADDRESS**

Application Number	10/719,828
Filing Date	November 21, 2003
First Named Inventor	BOYNE-AITKEN, DAVID E.
Title	SLIDE CLAMP
Art Unit	3754
Examiner Name	BASTIANELLI, JOHN
Attorney Docket Number	047145-0426

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number:

80236

☒ Please change the correspondence address for the above-identified application to:

☒ The address associated with Customer Number:

80236

OR

☐ Firm or
Individual Name

Address

City

State

Zip

Country

Telephone

Email

I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature

Date

May 27, 2009

Name

Joan B. Stafslien

Telephone

858.643.1400

Title and Company Senior Vice President & General Counsel, Cardinal Health 303, Inc.

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ *Total of _____ forms are submitted.